

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	EW	11	3/4/01
FORMALITY REVIEW	H-S	866	03-21-01
RESPONSE FORMALITY REVIEW	SS	573	08-21-01
	SK	853	03-06-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/31/01
2	6/1/01
3	6/1/01
4	6/1/01
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50	6/1/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here